An application fee is required to enroll in the Virginia Medicaid Program for certain providers. To determine whether your applicant is required to submit a fee, refer to the last question in Section I.

The application fee is $595. This fee must be paid and clear our financial institution prior to the processing of your enrollment application.

Provider Name _____ NPI _____

To Pay by Check:

- Make the check payable to **Department of Medical Assistance Services.**
- The amount of the payment is **$595.00.**
- Write your NPI on the Memo line of the check to ensure it will be credited to your application.
- Write the check number here: _____.
- Include this form with the rest of the enrollment application and send to:

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803

To Pay by Credit Card:

- Paying by credit card is quick and easy.
- Provide your credit card information below:

  o Mark the type of credit card you are paying with:

  ☐ Master Card   ☐ Visa   ☐ Discover   ☐ American Express

  o Credit Card Number:

  _____ - _____ - _____ - _____

  o Card Expiration Date
      Month: _____ _____ Year: _____

  o Security Code: _____
    - For Visa, Master Card and Discover, the three digit security code is found on the back as shown in the image on the left.
    - For American Express the four digit security code is found on the front as shown in the image on the right.
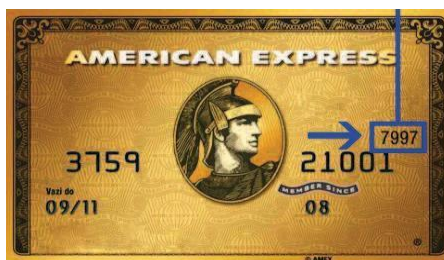
  o Name on the Credit Card: _____

  o Billing Address:
      Street_____Suite_____

      City_____State_____Zip_____